## P10000047137

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## **COVER LETTER**

TO: Amendment Section Division of Corporations	
SUBJECT: KELLEHER & ASSO	CIATES, INC.
	00047137
The enclosed Statement of Change of Registered Office/	
	•
Please return all correspondence concerning this matter	to the following:
JAMES KE	
Name of Cont	act Person
KELLEHER & ASS	
Firm/Cor	npany
PO BOX Addre	
Addre	SS
LIGHTHOUSE POIN	T, FL 33074-0227
City/State and	1 Zip Code
SECURACCESS@B	ELLSOUTH.NET
E-mail address: (to be used for fur	ture annual report notification)
For further information concerning this matter, please ca	11.
ror further information concerning this matter, please ca	
JAMES KELLEHER	at ( 954 ) 294-8530 Area Code & Daytime Telephone Number
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Departn	nent of State.
Mailing Address: Amendment Section	Street Address: Amendment Section
Amendment Section Division of Corporations	Division of Corporations
P.O. Box 6327	Clifton Building
Tallahassee FI 32314	2661 Executive Center Circle

Tallahassee, FL 32301

TO:

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this nge is submitted for a corporation organized under the laws of the State of FLORIDA to change its registered office or registered agent, or both, in the State of Florida.
1. The name of t	he corporation: KELLEHER & ASSOCIATES, INC.
2. The principal	office address: 3931 NE 31 Aye.
	Lighthouse Point, FL 33064
3. The mailing a	ddress (if different): P.O. Box 50227
	Lighthouse Point, FL 33074-0227
4. Date of incorp	poration/qualification: 06/03/2010 Document number: P10000047137
	street address of the current registered agent and registered office on file with the tment of State: (If resigned, enter resigned)
	UNITED STATES CORPORATION AGENTS, INC.
•	13302 WINDING OAKS BLVD, A
	13302 WINDING OAKS BLVD, A  TAMPA, FL 33612  street address of the new registered agent (if changed) and /or registered office
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office
	JAMES KELLEHER 2:
	3931 NE 31 Ave.
	P.O. Box NOT acceptable
	LIGHTHOUSE POINT, FL: 33064
-	ss of its registered office and the street address of the business office of its registered agent, be identical.
Such change was authorized by the	is authorized by resolution duly adopted by its board of directors or by an officer so board or the corporation has been notified in writing of the change.
Alle	SAMES G. Kelleheh  e of an officer or director  Printed or typed name and title
	FARLE ARMIN
I further agree to of my duties, and document is being the second and the second areas of the second areas	the appointment as registered agent and agree to act in this capacity. o comply with the provisions of all statutes relative to the proper and complete performance d I am familiar with and accept the obligation of my position as registered agent. Or, if this ng filed merely to reflect a change in the registered office address, I hereby confirm that the been notified in writing of this change.  1
Hell	S-30-11
Sign	nature of Registered Agent Date
H signing on bel	half of an entity:
JAME"	S G. Kelleheh

\* \* \* FILING FEE: \$35.00 \* \* \*